

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 07/05/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Pediatric Orthopedics And Orthopedic Surgery

Description of the service or services in dispute:

Caudal Injection

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male with history of low back injury. The patient underwent L4-5 lateral, and posterior fusion performed on XX/XX/XX. On the clinical note dated XX/XX/XX, the patient reported his back pain was improved compared to prior visit, but still fairly bothersome. Medications included Medrol Dosepak, tramadol 50 mg, lisinopril, Ultram 50 mg, and cyclobenzaprine 10 mg. Physical exam revealed the patient had back pain when moving from a seated to standing position. A negative straight leg raise bilaterally. 5/5 strength, and intact sensation throughout the upper, and lower extremities. Incisions were well healed, and without evidence of erythema, or drainage. Per the provider, the patient had persistent worsening back pain. The provider also noted the patient's long term inflammatory marker in the ESR was normal, and infection was unlikely given the duration of the patient's back pain flare. The patient was recommended a caudal epidural injection.

Per the clinical note submitted for review, the patient underwent caudal epidural steroid injection in X/XX/XX. The provider also noted on the clinical note dated X/XX/XX, the patient had a previous caudal epidural steroid injection which provided 100% relief for 5 months. On the clinical note dated X/X/XX, the provider noted the patient underwent a caudal epidural steroid injection for LRS, most recently 2 months prior, with good relief of pain in the leg more than the low back. The patient was also taking Ultracet and Flexeril for pain, which controlled his symptoms.

The MRI dated X/XX/XX revealed extensive bilateral anterior paraspinal soft tissue edema with enhancement at L5-S1. Mild left posterior paraspinal soft tissue edema with enhancement at L4-S1. L4-5 posterior spinal fusion, the metallic fusion hardware appeared to be in the appropriate position. L4-5, and L5-S1 discectomies. L4-5 extensive bone marrow edema in the vertebral bodies with enhancement has a different diagnosis of osteomyelitis, and/or postoperative change focal height T2 signal with enhancement in the left foraminal aspect of the L4-5. L4-5 mild diffuse disc bulge. High T2 signal with enhancement in the left foraminal aspects of the disc. Mild bilateral facet arthropathy. Severe spinal stenosis. Bilateral lateral recess narrowing. Severe right and mild left neural foraminal narrowing. L5-S1 minimal diffuse disc

bulge, and small left foraminal disc protrusion. No significant spinal stenosis or neural foraminal narrowing.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Per the clinical notes submitted for review, the patient reported chronic low back pain despite care provided to date. The patient has undergone multiple epidural steroid injections with benefit. The patient reported getting up to 5 months of complete pain relief with previous steroid injections. However, on X/XX/XX the patient reported no longer benefiting from epidural steroid injections, and wished surgical intervention. A surgery was performed on X/XX/XX to include radical discectomy at L4-5, application of anterior lumbar plate at L4-5. On the clinical note dated X/XX/XX, the patient reported persistent, worsening back pain. However, physical exam findings were not consistent with radiculopathy. There was no evidence of decreased motor strength, decreased sensory loss in a dermatomal distribution, and there was no evidence of decreased deep tendon reflexes to include the patellar. The patient had a negative straight leg raise bilaterally. Strength was 5/5, and sensation was intact throughout the upper and lower extremities.

Given there are no physical exam findings to support radiculopathy, and there is no evidence of recent failed conservative care, the request is not supported. Additionally, there is no indication the patient was instructed in home exercises to do in conjunction with injection therapy as this treatment alone offers no long term functional improvement. As such, the previous determination is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)